

Utah State Labor Commission
Wage Claim Unit
160 East 300 South, 3rd Floor
P O Box 146630
Salt Lake City, Utah 84114-6630

WAGE CLAIM NO. _____
For Office Use Only

WAGE CLAIM ASSIGNMENT

This Form Must Be Completed in its Entirety.
A copy of this claim will be sent to the employer.
Claims must be at least \$50.00, U.C.A. Section 34-28-9(1)(c).
Claims may not exceed \$10,000, U.C.A. Section 34-28-9(1)(d).
Claims must be filed within one year, U.C.A. Section 34-28-9(1)(e)

PLEASE PRINT ALL INFORMATION

Claimant Information:

Your Name (Mr.) (Ms.) _____

Address _____ City _____

State _____ Zip Code _____ Telephone No. _____

Date of Birth _____

Name, address and telephone number of nearest relative not living with you. _____

Information About Employer

Name of business _____

Address _____ City _____

State _____ Zip Code _____ Telephone No. _____

Owner's name _____ Type of business _____

Owner's home address _____

Wages Claimed

Total amount of your claim (before tax or social security deductions) \$ _____

Is claim for: Unpaid wages \$ _____ Commission \$ _____ Bad paycheck(s) \$ _____

Unauthorized deduction(s) \$ _____ Vacation pay \$ _____ Severance pay \$ _____

Other \$ _____ (explain) _____

(PLEASE NOTE)

If claim is for vacation or severance pay, please provide a copy of employer's company policy.

If claim is for a bad paycheck(s), please provide this office with the original check(s)

If claim is for an unauthorized deduction(s), please provide check stub(s) showing deduction(s).

Employment Information

Who was your immediate supervisor? _____

Did you quit? Yes _____ No _____ Were you discharged? Yes _____ No _____

Why? Explain _____

Did you ask for your wages? Yes _____ No _____ If yes, on what date? _____

During what time period was this work performed? _____

State the facts leading up to the wage dispute: (Reason for non-payment.) _____

ASSIGNMENT

I HEREBY CERTIFY, that this is a true statement of wages due me to the best of my knowledge and belief. I understand that acceptance of this claim by the Wage Claim Unit of the Labor Commission does not guarantee collection. I hereby assign the said wages to the Labor Commission to collect in accordance with the Utah Labor Code.

I AGREE TO APPEAR AT ANY HEARING CALLED BY THE LABOR COMMISSION TO CONSIDER MY CLAIM. FAILURE TO DO SO WILL BE REASON FOR DISMISSAL OF MY CLAIM. If the Labor Commission or its agents conclude that a compromise settlement is necessary to reach an equitable settlement, I authorize the Labor Commission to execute the same and my failure to accept may result in dismissal of my claim.

I authorize the Labor Commission or its agents to receive any U.S. currency, checks or money orders obtained as payment of this claim. If I do not call at this office for money paid on this claim, I authorize the mailing of same, at my own risk. I understand that neglect on my part to keep in touch with the Labor Commission may result in dismissal of my claim.

THIS IS A SWORN STATEMENT

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

Date

Claimant's signature

Sworn to before me and subscribed to in my presence this ____ day of _____, 20____.

Notary Public

PLEASE PRINT

CLAIMANT'S NAME _____

Who hired you? _____ Date hired? _____

What type of work did you perform? _____

Address where work was performed _____

Date of last day you worked _____

Is the employer still in business? Yes _____ No _____

What rate of pay did you and your employer agree to? Hourly _____ Weekly _____

Bi-Weekly _____ Semi-Monthly _____ Monthly _____ Other (explain) _____

Was this agreement Oral _____ Written _____

Did you sign any contract or agreement with this employer? Yes _____ No _____

If YES, explain _____

How often were you paid? Weekly _____ Bi-weekly _____ Semi-Monthly _____

Other (Explain) _____

What were the dates of your regularly scheduled paydays? _____

How were you paid? By Check _____ Cash _____ Electronic transfer _____

Other (explain) _____

Did your employer deduct social security and withholding taxes? Yes _____ No _____

Did you sign any authorization for other deductions? Yes _____ No _____

Did your employer set regular working hours? Yes _____ No _____

Are you covered by a union contract? Yes _____ No _____

If your claim is for COMMISSIONS, what was the percentage you were to receive? _____

What was the total amount of sales, etc. on which commissions were not paid? \$ _____.

**** (Please attach an itemization of the sales to this claim.)**

What was the employer's agreement for the time of payment? Explain fully: _____

On what date(s) was this work performed? _____

If your claim is for DEDUCTION(S), explain why the deduction(s) was made _____

Date(s) of pay period(s) on which deduction(s) was made _____

If your claim is for **OTHER**, explain how you arrived at the amount of your claim

Include a copy of written policy or if unwritten, explain fully _____

Date(s) work was performed to earn wages _____

Do you owe any money to the employer? Yes _____ No _____ If yes, explain _____

Do you have any of the employer's property? Yes _____ No _____ If yes, explain _____

Reason given by employer for nonpayment of wages: _____

If you worked for a **subcontractor**, who was the prime/general contractor

COMPANY'S NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

PROJECT NAME or ADDRESS WHERE WORK WAS PERFORMED _____

